U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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_	(NIE 18205)
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	TMS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 989	2 Fiscal Year Covered From				
	1 / 2004 Through 12 / 31 / 2004				
3 Name and address of person filing	4 Name, file number, and address of labor organization				
Name Raymond Phillips	Name Iron Workers, AFL-CIO, Local 350				
	Labor Organization File Number 018-134				
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any				
Street 3924 West End Avenue	Street 3924 West End Avenue				
City Atlantic City	City Atlantic City				
State New Jersey ZIP Code + 4 08401	State New Jersey ZIP Code + 4 08401				
5 Position in labor organization Business Agent/Financial Secretary					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income				
Name ,	groundstand and the second state of the second				
Trade Name if any					
P O Box, Bldg , Room No , if any	7 b Amount				
Street					
City 1					
State ZIP Code + 4					
Signature					
15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the					

undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)

Telephone Number

Name of Person Filing Raymond Phillips		File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested					
8 Name and address of Business (including trade name, if any)	9 Business deals with				
Name Iron Workers Local 350 Annuity Fund	[-]				
Trade Name, if any	│				
P O Box, Bldg Room No , if any	c Employer				
Street 3924 West End Avenue	· •				
City Atlantic City					
State New Jersey ZIP Code + 4					
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deal	ing			
Name	Trustee of Annuity	Fund (see attached)			
Trade Name, if any					
P O Box, Bldg , Room No , if any					
Street	11 b Approximate dollar value	ue of such dealing			
City	12 a Nature of interest hel	d or income received			
State ZIP Code + 4	Value of meals pro	ovided at Board of Trustee meetings embursement for attendance at one			
	12 b Amount	\$292,			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	-1:			
Name					
Trade Name If any					
P O Box, Bldg , Room No , if any		,			
Street		* 1			
City (
State I ZIP Code + 4	AND A COMMAND AND AND AND AND AND AND AND AND AND				
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment				

Name of Person Filing Raymond Phillips	File Number U-
Name of Ferson Fining Raymond Phillips	r lie Number o -

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name SEI Investments	a Labor Organization		
Trade Name, if any	\		
P O Box, Bldg , Room No , if any	b Trust		
Street One Freedom Valley Drive	c Employer		
City Oaks			
State Pennsylvania ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Iron Workers Local 350 Annuity Fund	SEI Investments performs investment consulting and advisory services for the Iron Workers Local 350 Annuity Fund		
Trade Name, if any			
PO Box Bldg Room No , if any	,		
Street 3924 West End Avenue			
City Atlantic City			
State New Jersey ZIP Code + 4 08401	11 b Approximate dollar value of such dealing \$30,000,000		
	12 a Nature of interest held or income received		
	Complimentary tickets (2) to a concert		
	12 b Amount \$120		
Ĭ.	1 5120		

LM-30 Attachment

Name Raymond Phillips LM-30 File Number To be assigned Ending date of report period 12/31/04

LM-30 Items Number

8, 9, 11a and 11b

Per direction provided by U S DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.